

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
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43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.	11					
TOTAL CLAIMS	12					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						